CLAIMS ONLY

Application Number: 16/753,390

Filing Date:

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
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6						
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8						
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11						
12						
13						
14	1					
15						
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18	1					
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49						
50						
Total Indep	4					
Total Depend	14					
Total Claims	18					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						